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SOME REASONS WHY THE MICROSCOPE SHOULD BE USED BY EVERY PHYSICIAN.

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In the present state of our knowledge, it is not required to prove the necessity of the microscope in the study of anatomy, physiology, and pathology—in biological science generally—and as an aid to accurate diagnosis. But while all acknowledge this, there are still those who do not admit its necessity to every practitioner. The notion prevails, that to the physician in the country the instrument is not at all necessary; and that in the cities there need be but a few acquainted with its use, to whom others can resort in the rare occasions demanding it. Apart from the fact that these occasions are far from being rare, it is evident that such a practice will result in frequent omission of a use of the microscope, when it might have been most advantageous. For, however willingly the few qualified may lend their assistance, causes constantly arise to prevent it. In some instances young physicians may not feel at liberty to ask assistance, in others there may be such delay that the characters of the object to be examined have become altered, or the disease itself may have changed, so that like products are not obtained, and thus the desired aid is lost. A repetition of such circumstances, and a feeling

of reluctance repeatedly to call upon the microscopist, will cause many cases to terminate unexplained, or imperfectly understood. And as to medical men who reside at a distance from the cities, they are altogether cut off from facilities to which they are properly entitled, and without which they are often unjustly compelled to take rank below those more favored, and resort to them for consultation upon points which, with suitable means, they would be amply qualified to decide.

But it is not altogether the fault of the student of medicine that he is unacquainted with so important and indispensable an aid to medical practice. He can hardly be expected to appreciate the microscope when he looks in vain for any allusion to it in the curriculum of the school of his choice. Much less does he find any knowledge of it required in the final examination. Very reasonably, then, does he infer its secondary importance, even though he may have heard much concerning its utility; and, already oppressed by what is actually required, he, probably, gladly excuses himself from any further attention to a matter without knowledge of which he may still become a doctor.

Such a state of affairs is, I am glad to say, passing away. In the British medical schools—in London, Edinburgh, Glasgow and Dublin—the use of the microscope is now not only regularly taught, but the student's knowledge of it is tested in examination. To go back more than ten years, at the second examination for the degree, B. M., Oxford, December 1865, we have the following questions: Describe the general appearance and microscopical structure of a lung affected by pneumonia, discriminating

between the several stages of the disease? Mention the best known varieties of pityriasis, and describe their microscopical characters? What indications for treatment do you gather from microscopical examinations of urine? Examine and write an account of the urine marked A and the fluid marked B in the clinical room? These are all simple, but most important questions. Yet how few recent graduates of American medical schools are able to answer them!

On the continent of Europe, laboratories of normal and pathological histology form a part of every university. All pupils are required to be practical workers with the microscope, to be able not only to recognize disease where this depends upon its use, but to make elaborate preparations illustrating the minute anatomy of normal and diseased structures; while original observations in these directions often emanate from the under graduate.

In this country, most of the teaching in this direction is confined to private instruction, and that only in the largest cities. So far as I am informed, it is only in the Harvard Medical School, and the University of Pennsylvania, that laboratories for instruction in practical histology, normal and pathological, are found constituting an essential part of the medical course.*

It is, therefore, evident that most that medical men know of microscopy is acquired after they leave college, and as a result of their individual efforts, aided by such assistance as they may derive from a few books upon the subject; efforts which are tediously prolonged, and often end in discouragement, because those making them lacked the guiding hand or directing word which would quickly put them upon the right course.

Among the most important results to be expected from an increased familiarity with methods of minute investigation in common with all thorough medical education, is the tendency it must have to discourage charlatan-ism. The thoroughness of preparation which is involved in such methods of study is all

powerful in preventing many of our own number from sliding away from rational practice, and yielding, in the hour of disappointment, to the demands of an ignorant and prejudiced community. In the accurate knowledge thus obtained those whose practice is based upon exclusive dogmas are always deficient. And it has been my privilege, more than once, to have known young men who commenced the study of medicine imbued with doctrines of homeopathy who promptly threw them aside, as, under the influence of accurate teaching, they began to appreciate, first, the precise structure of organs, then the true nature of vital acts performed by them, and the modifications which these undergo through the agency of drugs; proving that unprejudiced men of intelligence cannot conscientiously continue to accept dogmas so entirely opposed to truth as it actually exists in nature.

It is true of microscopy, as of all other sciences, that its results have not attained their present certainty without many serious errors, the absurdity of which did not at first appear. Here, as elsewhere, erroneous observation has been made the starting point of false theory. Indeed, it is evident that the microscope, through its magnifying power, is peculiarly adapted to furnish data which, if misconceived or misinterpreted, must lead us far astray in any theory based upon them; so far, indeed, as to render necessary, for the ultimate determination of truth, an amount of labor many times as great as would have sufficed in the first instance, had the original observations been accurately made.

Too much stress, therefore, cannot be laid upon *interpreting aright* what is seen. Here it is well for the student of microscopy, at the very outset of his studies, to familiarize himself with some of the causes of error, in order that he may be thoroughly on his guard against them.

One of the most important of these is *pre-conceived opinion* with regard to the subject under investigation, in consequence of which appearances are often twisted into consistency with it. Such subversion of the fact to previous opinion is not necessarily intentional. On the contrary, it is seldom so; the pursuit of science does not afford sufficient return to those who make willful misrepresentation their medium of success. But it is the unconscious influence of previous opinion to which I allude, and by which all of us are more or less controlled. Such tendency is diminished by extreme vigi-

* In the new curriculum in the Medical Department of the University of Pennsylvania, the matriculate is taught the use of the microscope and normal histology, including the preparation of specimens, making sections, etc., in the first year of the course; and in the second year, pathological histology is similarly taught, in the pathological laboratory. The microscopes required for this teaching, fifty in number, are furnished by the institution.

lance, and an exacting determination to see only that which is actually before us.

A second source of error is a *disregard of conditions under which observations are made*. No more striking instance of this exists, than is afforded by the very simple one of the red blood corpuscle, which, according to the earliest observers, was a circular disc resembling a piece of money; according to others, globular; to others, a disc slightly concave; and to others still, convex. All these appearances of blood corpuscles can be produced under different circumstances; yet there is now no difference of opinion as to the actual shape of these bi-concave discs.

A third source of many errors lies in *inexperience*. To obviate this the student has but to be patient, to examine and re-examine the same structure under every available condition. He should not be eager to give an opinion, until he feels that he has acquired habits of observation which will not only render it reliable, but spare him also the mortification of recanting what he may have considered truth. To a cultivation of such accuracy, the habit of recording the results of observations contributes greatly. In such record the object should be to describe only what is seen, without attempting to complete an imperfect picture. Especially useful is it to make drawings of what is seen, by means of the camera lucida, or other drawing appliance attached to the microscope, so that complete accuracy is secured.

Still more difficult is it to draw conclusions from what we observe, and it is only after long experience that we are justified in attempting this; and even those of the greatest experience, using the best instruments and observing the most rigid caution, sometimes make mistakes. Such an instance is furnished by Professor Rindfleisch, who, in the last (fourth German) edition, p. 85, of his *Pathological Histology*, makes the following statement. "The earlier editions of this text-book contained at this point the following passage, which may be considered an instructive example of a misinterpretation of an otherwise good histological observation:—

"If through this arrangement a structure of a higher order, somewhat comparable to the connective tissue stroma of the mucous membrane of the intestine, is produced, this is rendered still more striking by the occurrence of certain spherical bodies, which I must consider

the lymphatic follicles of the new formation. These lie within the parenchyma, equally distant from the larger vessels. Very fine sections, brushed out, easily convince one that a delicate reticulum with small lymph cells imbedded forms the chief bulk of the round node. Toward the periphery these corpuscles adhere more firmly to the reticulum than in the centre, so that here usually exists a zone difficult to clear up. On each side is a lighter zone, which is penetrated by larger stellate cells, so that, in fact, only the demonstration of a communication of the body with the lymphatic vessels is wanting. In the meantime I remind my readers that this demonstration is also wanting in the follicles of the tonsils.*

"On the other hand, I am now convinced that the lymph follicles described by me are identical with the miliary tubercles of fungous granulation more recently discovered and correctly appreciated by Köster."

Among the instances which illustrate the value of the microscope in the hands of the practitioner, may be mentioned the following:—

First, as to Bright's disease of the kidney. It is absolutely impossible to make a certain diagnosis of these affections, without recourse to the microscope—the detection of casts in connection with albumuria being indispensable.

In renal calculus, while it is not always possible to discover the nature of the stone by the microscope, it becomes so in a large number of instances.

In affections of the bladder and pelvis of the kidney, I consider the microscope an essential aid to the knowledge of the disease. By means of it we are enabled to determine whether pus, which is a constant attendant of both, comes from the pelvis and ureters or the bladder; in the latter instance being generally accompanied by crystals of the triple phosphates and mucus, and in the former occurring alone.

In trichiniasis, or the disease in which the muscular system becomes infested with *trichina spiralis*, the microscope can alone certainly decide.

Many skin diseases can alone be diagnosticated by this means. Such are preëminently the vegetable parasitic diseases—*tinea favosa*, characterized by the presence of the *achorion schonleini*, *tinea circinata*, *tinea tonsurans*, *tinea sycosis*, by the *trichophyton*, and *tinea versicolor* by *microsporon furfur*.

It becomes a matter of daily necessity to determine the nature of a morbid growth removed from a patient, and thus learn the prognosis of

*This is the text of the New Sydenham Society's Translation, p. 128, vol. 1.

the case—whether the tumor is malignant and will return, or whether the patient may consider himself safe from any such danger, and thus be permitted to enjoy the life which would otherwise be dread uncertainty. This the microscope, in connection with improved methods of investigation, permits us to do with certainty.

In diseases of women the microscope has recently shown itself of signal utility in the hands of the writer; in this instance, rather in proving the absence of disease in the woman. A married lady consulted my colleague, Professor Goodell. She had been treated for uterine disease by several physicians. But she remained barren, although she and her husband were exceedingly anxious to have children. It occurred to Prof. G., that there might be some defect on the part of the husband, and he asked him to bring some of his spermatic fluid to me for examination. He did so, and on placing a drop under the microscope, instead of finding hundreds of spermatozooids, as I confidently expected, *not one* was present. Repeated examinations showed the same result. On inquiry it was found that the man had had an epididymitis after gonorrhœa, some years back. How conclusive this result; and what other means could so definitely have settled the question?

The use of the microscope in *medico-legal investigations* is not generally considered work for the general practitioner, but rather for the expert; but if the physician were educated as he should be, there are few occasions in which its use is called for in such cases in which he would not be fully qualified to decide. Among these, the *detection of spermatozooids in spots on linen, or in the mucus of the vagina, in cases of suspected rape, are among the easiest of tasks to those familiar with the use of the microscope and the appearances of these bodies.* Little more difficult is it to determine the *presence of blood* by the recognition of its corpuscles, or the production of *hæmin** crystals

*To produce hæmin crystals, a small fragment of the suspected blood stain, or a few fibres of the stained garment, are reduced to fineness, a minute quantity of pulverized common salt (not more than an equal bulk) is added, and thoroughly mixed with the former, on a glass slide, covered with a thin glass cover, and a few drops of glacial acetic acid allowed to pass under the cover. A gentle heat is then cautiously applied by a spirit lamp, until the acetic acid is partially vaporized. The slide is then allowed to cool, and if blood is present and the experiment has been carefully performed, numerous rhombic crystals of hæmin will be discovered by the microscope. The experiment is the more likely to succeed, the larger the quantity of blood used, but the skill in manipulation is shown in producing them with the minimum amount.

(hydrochlorate of hæmatin) and their subsequent recognition by the microscope. To discriminate human blood discs from those of animals possessing oval corpuscles is scarcely more difficult; but when it comes to distinguish human blood discs from those of other animals having corpuscles of similar shape, we come to ground on which even experts differ. There are certain corpuscles, those of the dog, the ape tribe, the hare and the rat, which so nearly equal in size the discs of human blood, that no one attempts to distinguish them. On the other hand are the corpuscles of the ox, horse and sheep, so much smaller than human corpuscles that some microscopists, and among these Dr. Jos. G. Richardson, of this city, is preëminent, declare it possible to assert, if it is claimed that such and such blood is the blood of a sheep, horse or ox, that such is not the case. The writer has had the opportunity of comparing the corpuscles of some of these latter named bloods mounted side by side with human blood corpuscles by Prof. Wormley, and certainly there was such a marked difference that even a tyro could detect it. Whether, when, as is the case in practice, the comparison has to be made by measurements of the two kinds of corpuscles after age and exposure have produced their effects, it is safe to make the assertion claimed by Dr. Richardson, is another question; but the writer, with his present knowledge of the subject, might be willing to go so far as to say that such bloods are *less likely* to be the bloods of ox, horse or sheep, *than human blood.*

DANGER FROM THE INJUDICIOUS USE OF ALCOHOL IN THE SICK ROOM.

Read before the Hartford County Society, May, 1878,

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Clinical studies of the histories and early causes of many cases of inebriety indicate that the injudicious use of alcohol or its compounds, prescribed as a medicine, have been the starting point of many lamentable cases. There

The writer has obtained them in large numbers from one or two filaments drawn from a stain on muslin. This is by far the most certain test for blood, nothing else yielding these crystals by this manipulation. While it is not likely that anything else will be found in places where blood is likely to be present, which can be confounded with blood discs, yet the writer was once shown, by his colleague, Prof. Wormley, a slide of circular spots so closely resembling blood discs that only the most experienced observers could distinguish them.

can be no doubt such cases are more frequent than we are aware of; also that irregular practitioners and domestic prescriptions are responsible for a large share of them.

A book on domestic medicine, quite popular a few years ago, and somewhat widely circulated, written by an irregular, in which alcohol was the common remedy recommended, has been the exciting cause in several well authenticated cases of inebriety, and has probably been the origin of many others.

The free use of bitters, containing alcohol in combination with very impure drugs, are responsible for a large per cent. of such cases.

Remedies that appear recommended in newspapers, with alcohol as a base, are also dangerous.

Medical men who have become enthusiastic as to the possibilities of alcohol, have not unfrequently prescribed it for every condition of exhaustion for a long time. The results, in many cases, have been a possible transient good at the expense of propagating another disease more intractable and disastrous than the one they sought to relieve. The frequency of inebriety arising from such causes has brought out a special medical declaration in England, signed by most of the leading physicians and surgeons of the kingdom, calling attention to the belief that the inconsiderate prescription of large quantities of alcoholic liquids by medical men, for their patients, gave rise to intemperate habits, asserting that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as, not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past. Bad results are not always clearly traceable, and do not follow in every case, or even in a progressive order, and hence are doubted.

As an illustration, an excellent physician said he could not, in his long experience of the use of alcohol as a medicine, recognize a single case of inebriety which followed from any alcoholic prescription that he had given. A few weeks after a case of inebriety was brought to me for consultation, in which the patient had taken, by this physician's order, brandy and cod-liver oil, for eight months, for incipient pulmonary hemorrhage. He recovered in part, but became an inebriate. The brandy with cod-liver oil was the first alcohol ever taken.

The disease of inebriety may be compared to malaria, which having once pervaded the system, leaves a peculiar predisposition, which only awaits a train of exciting causes to spring into activity.

Inherited conditions of organism may exist, which give direction to weakened functional activities, exploding in inebriety, with great certainty. The medical prescription of alcohol, to such persons, becomes the exciting cause, awakening and fixing conditions, which may not break out at once, but sooner or later will be manifest.

It is a fact well established in medicine that certain not well-defined states of the bodily organism decidedly contraindicate the use of particular remedies. This is manifestly so in the use of alcohol in many cases, particularly when there exist in the history indications of neurosial degenerations, or decided inebriate tendencies; or conditions of functional disorder, which are susceptible, and likely to take on organic disease. Anæmia, neurasthenia and neuralgia, and some conditions of rheumatism, also asthenic diseases, belong to this class, and are often developed into serious disease by alcohol.

Where alcohol is given medicinally any length of time, the danger is greatly enhanced.

The following are presented as typical cases, occurring in the practice of excellent physicians:

Rev. — was the only son of a New York merchant, who became an inebriate at forty-five and died. His mother was an ambitious woman, always struggling into circles above her; and very nervous and impulsive. When a young girl she had St. Vitus' dance, and at the birth of her son had convulsions. She recovered, with an entailment of neuralgia, and various functional disorders. Her father was a hypochondriac for many years. And her brother, the uncle of the Rev. —, drank more or less all his life.

It is evident from this that a marked neurosial diathesis existed, with a tendency to inebriety, depending on circumstances. Rev. —, at twelve, developed a very sensitive nervous system, and at puberty suffered for six months, from low nervous fever, and general anæmia.

He was noted, in his academical studies, for his great mental capacity and irregular habits of work.

In college, he secured several prizes, and was one of those good-natured boys, who waste

much time during the day and make it up at night. He drank soda and beer, and lived well.

During his studies at the seminary preparatory for the ministry, dyspepsia came on, for which he used bitters, with some relief. At graduation he was in appearance slim, of light hair, with a strongly-marked nervous diathesis.

His first charge, a Baptist church, brought him in contact with a people who gave rich dinners, and lived high. His dyspepsia returned and bitters were used, with apparent good results. Two years later he married and was called to a city church, where the mental strain was continuous and severe. His habits of living were more or less irregular, and his dyspepsia came and went, although he continued to take medicine for this and various functional disorders. His pulpit work was impulsive and exhaustive. For weeks he would manifest great power and energy; then relapse into a condition of debility and indifference. After a revival season of much excitement, he went away to the seashore for rest, and drank a bottle of porter a day, with great relish and apparent benefit. He returned to his work and continued drinking porter. His nervousness increased, and a low nervous fever followed, ending in general exhaustion and functional paralysis, from which he recovered very slowly.

The next two years was spent in retirement, and then he became pastor of a village church, and preached once a day. Five years later he had grown more nervous and neuralgic; any special excitement caused great prostration. He was often unable to continue his sermon, from want of control of his nervous system. His mind seemed clear. He would work out in the garden for days, or go hunting or fishing, then remain in the house for an equal or greater length of time. He was very firmly opposed to the use of alcohol in any form, but continued to use different kinds of drugs, and sometimes bitters, with electricity, etc. Exhaustion, both mental and physical, with persistent neuralgia, became more and more prominent symptoms.

His church sent him to Europe, for three months. While traveling on the continent he drank wine freely, and came home much better. A year later his old prostration and nervousness came back with renewed energy. His family physician called a consultation, and after a long examination of the case, recommended Bourbon whisky, with cinchona bark

and other tonics. The relief was marked, and the effects very agreeable. Increasing doses were demanded, and soon he was intoxicated. Then he became passionately fond of whisky, using it in large quantities three or four times a day. A few months later he drank to intoxication, and from this time the progress of the case was rapid. He resigned his church, to avoid the publicity of drinking. Retiring to the country, he is to-day an inebriate, broken down, and drinking to intoxication with every opportunity. His mind is enfeebled, and full of delusions of self-control, and ability to stop any time.

This patient inherited a tendency to nerve degeneration; his early habits indicated an alcoholic diathesis, or condition of exhaustion, which sought relief through the appetite. Mental labor, and strain of all kinds, reacted in this way. As he grew older this exhaustion became a sense of general agony and depression, and the organs seemed in sympathy with an undefined want, which alcohol, of all other substances, alone seemed to relieve. His visit to Europe, with a free indulgence of wine, fixed this tendency, which had grown gradually, from year to year, through the use of wine and bitters, and other remedies. The untimely prescription by the physician precipitated his case, and, as it were, exploded a long train of diseased tendencies.

CASE 2.—John H., a farmer. His parents both died of consumption, in middle life. His grandfather drank very hard after sixty years of age, and one of his uncles was considered insane. Two sisters died of consumption, and one brother suffered many years from rheumatism, and finally died of some intercurrent affection.

Nothing unusual happened in childhood, except a severe attack of scarlatina, from which he suffered two or more years, with a discharge and deafness. This passed away without entailment, and through early youth up to manhood he was in good health and apparently of robust mind and body. He worked on the farm from seventeen years of age, doing the usual work.

At twenty-four he married, and became owner and manager of a large farm. He was temperate in everything except eating.

At twenty-eight he was laid up in bed from a fractured femur, and suffered from a bed sore and low form of fever, for which he was given porter, and brandy, and eggs, for many weeks. On recovery he showed a marked

taste for beer, and continued its use regularly. This was continued for over a year, and was alternated with whisky, during which time he became intoxicated several times. From various causes he signed the pledge and reformed, although using cider occasionally.

At forty he began, abruptly, to use whisky, at a political meeting, and became intoxicated; he continued to use it for some weeks, and then stopped, as before. From this time he was nervous, and very excitable, and easily prostrated after any unusual event that interested him. He became a hypochondriac and patronized quack and patent medicines for supposed heart disease.

At fifty he gave up his farm, and came to the city to live; he was nervous, and full of whims, and notions, and impulsive in his way and manner, using cider and occasionally beer. The changed circumstances of city life, and want of healthy occupation, increased his nervous prostration and mental disquietude. Hypochondriac delusions came on, and a physician was called, who treated him for six months; then came a council of physicians, who agreed that a whisky punch and a bottle of porter a day would answer the indications best. A few weeks later he was intoxicated every night. No effort to stop was of any avail now. His mind sunk down to the level of an animal whose only ambition was its gratification, particularly in drink. He seemed maniacal if alcohol was withheld from him. The physician who prescribed for him pronounced it incipient dementia, and urged that he be under restraint. And a few months later he died in a state of coma from alcohol.

This case was also marked for the strong inherited tendency to drink, which was present in the consumptive and rheumatic diathesis present in the family. These diseases are frequently associated with inebriety, and noted as phases of this disorder.

Inebriety not unfrequently appears in the next generation in rheumatic or consumptive diathesis.

The first intimation of this diseased tendency, was intemperate eating. After the fracture of his leg and its consequent debility, a desire for beer and stronger alcohols was prominent, developing and fixing all previous latent tendencies. This he was able to control, until a few years later it burst out again with abruptness, and from this time

out there was evidence of permanent alteration of disposition and intellect. The emotions and motor functions seemed to have changed. And when he came under care of the last physician, the indications of an inebriate diathesis were clear. Nothing could be more fatal than the alcohol prescription.

These two cases appear to the general physician as simply, one, of nervous prostration and general exhaustion, the other a hypochondriac, with disturbed intellect and emotions. Had a careful history of each been made the contraindicative symptoms would have been apparent.

The general rule may be laid down that all cases of physical and mental exhaustion are extremely susceptible to the poisoning of alcohol, and liable to take on diseased conditions that are more or less permanent from its use.

2. From the best authority of clinical observers in this country and Europe, the use of alcohol in the sick room is attended with great danger, unless judiciously used.

3. The conditions contraindicating its use are numerous, and should be studied carefully where alcohol is thought to be of value.

4. The value of alcohol as a medicine is not assured beyond all question; the evidence upon which it has been given will not stand the test of analysis or accurate clinical observation; and we should always be well assured of the diagnosis of the case, and have strong evidence sustaining its use as medicine in a given case.

THE HISTORY, SYMPTOMS, PATHOLOGY AND TREATMENT OF ANGINA PECTORIS.

BY FRED. HORNER, M.D.,
Of Salem, Va.

This disease was first described by an English medical author, Dr. Heberden, in the second volume of the "Transactions of the College of Physicians of London," in 1768, and is confined to no special locality or country, since the most learned authorities in America and abroad have recognized its existence. This disease is a more common incident in the hurly burly and excitements of modern life than is supposed, though it may be that the symptoms are not always recognized, especially when disguised by those of more serious affections. Perhaps, were the profession more familiar with its characteristic features, a clue would be given to

the true nature of many of the so-called heart diseases almost daily chronicled by the newspapers, and so fatal to those who travel on the cars and are engaged in the business centres of the country. According to the printed reports of the Pennsylvania Hospital for 1869, the only volume at this time accessible to the writer, among the 728 medical cases, not one of angina pectoris is recorded. Its rarity at St. Thomas, London, and Hôtel Dieu, Paris, which were visited in 1872, was equally remarkable.

Symptoms.—Angina, derived from the Greek *αἴμα*, to strangle, affecting the chest, is thus graphically described by Tanner, "Practice of Medicine": "the suffocative breast pang consists of paroxysms of intense pain about the præcordial region, accompanied with a feeling of suffocation and fearful sense of impending death. The pain is described by sufferers as lancinating, burning or constrictive, radiating from the centre of the sternum to the neck, back, or to the left shoulder and arm. If the paroxysm come on while the patient is walking, instant pause and rest are necessary, the anguish is so great. The pulse during the attack is slow and feeble, breathing hurried; the countenance pale and anxious; the body covered with clammy sweat, while the consciousness is unaffected. After the struggle ceases the patient appears perfectly well; the seizure rarely exceeds a few minutes, may come on at any time, walking or in bed. The pain is severe and attended with a feeling as if life were about to cease. The suffering is always referred to the heart. The sensation is spoken of as a spasm. It is not dyspnoea that oppresses him, for generally the patient breathes freely and easily. His face is pale and haggard, leading one to suppose, from his appearance and actions, that he was at the point of death. Suddenly the pain will stop short, in a curious manner, either about the insertion of the deltoid muscle at the elbow or wrist, and sometimes in the course of the ulnar nerve to the extremities of the fingers." This affection may be confounded with asthma, or with organic disease of the heart and valves, subsequent to an attack of acute rheumatism. In its genuine form it is undoubtedly a very fatal disorder, perhaps furnishing, in this particular, a confirmation of the heterodox theory of Prof. Tyndall, that prayer does not avail for the cure of the sick. Statistics collected by Dr. Forbes

show that in eighty-eight cases eight only occurred in females. In eighty-four of these cases seventy-two were above fifty years, and one seventh of the whole were under fifty. It is thus a disease of advanced life, a fact which carries with it a strong presumption that it depends on some organic change.

In some instances this disease is complicated by symptoms of gout, with which it is nearly allied, and a weakened heart. It is marked by considerable disturbance of the system, simulative of grave nervous derangement; the latter, however, is the sign or symptom of disease located in tissues, and one of the vital organs totally different.

Pathology.—This disease is always associated with serious organic cardiac changes, such as fatty degeneration of the muscular fibres, with partial obstruction of the coronary arteries, caused by ossific deposit or cartilaginous thickening of the semilunar valves, and preternatural softening of the heart. Professor S. D. Gross, "System of Surgery," in his description of the changes which the arteries undergo, says, "acute arteritis is sometimes an idiopathic affection, chiefly in persons of gouty or rheumatic predisposition. The disease is located in the internal membrane and sub-serous cellular tissue. The outer and middle coats of the arteries are thickened, and sometimes undergo fibrous, earthy and atheromatous transformations. The earthy is most common in old subjects, after the sixtieth year, though it begins to form as early as the fortieth. It consists essentially of phosphate and carbonate of lime in combination with albumen, often converting the vessel into a firm, inflexible tube, completely destitute of its natural attributes." The arteries affected in angina pectoris are the coronary, which contribute to the nutrition of the heart. When diseased as above described, in this affection, they fail to perform their function, and there is a state of innervation, and almost total arrest of the action of the heart. The sense of strangling or suffocation arises from the absence, as well as the lack, of arterial blood in the lungs, caused by the failure of the heart to transmit to them the vital fluid, though there remains a sufficient amount of blood in the brain to ensure a perception of sensation and intellection during the existence of a paroxysm. There is no loss of consciousness, but an exalted excitement of the brain and nervous system,

and it may be that the latter condition for a long period preserves the life of the individual, and ensures immunity from the sudden death which eventually overtakes him. In angina pectoris death is due partly to anæmia, in which there is an insufficient supply of blood sent to the heart, and partly by asthenia, where there is failure in the contractile power of the heart.

The *Treatment* is resolved into preventive and remedial. The patient should carefully avoid all exciting causes of the paroxysm, or disturbance of the circulation, all mental emotion and anxiety; a fit of anger caused the death of the celebrated John Hunter, who had this disease. Flatulence, which causes pressure upon the diaphragm, diminishing the proportions of the thorax and play of the heart, should be corrected. For a like reason, if an attack comes on at night, while the patient is in bed, he should promptly assume the standing position. Considerable relief is obtained from fomentations, antispasmodics, laudanum and ether combined, diffusible stimuli, ammonia, wine and brandy, and antispasmodics, such as camphor and chloroform.

R. Spts. ether,	℥.iss
Ammon. aromatic,	℥.3ij
Tinct. camph. ammon. opii,	℥.3iss
Aquæ camphoræ,	℥.3iv. M.

Two tablespoonfuls every half hour until the pain is relieved. Sinapisms and plasters of belladonna will help to relieve the suffering. Attention to the general health is important. The patient should be advised to abandon his profession or occupation, if such require any great deal of mental or physical exertion. He should abstain from alcoholic stimulants, tobacco, walking soon after meals, and over-exercise.

The following cases, which occurred in the practice of the writer, may be worthy of record.

CASE 1.—Dr. R. H. L., aged 80, nervous temperament, gouty, temperate in habits. He had an extensive and laborious country practice. One year previously to Dr. L's. death, he began to suffer from the infirmities of old age and debility. His digestion failed, with loss of appetite and hepatic derangement, but not to the extent to compel him to abandon his profession. In the midst of intense suffering, during the intervals, he was wont to prescribe for numerous patients, whom he would

visit in his carriage. The symptoms which have been detailed above as pathognomonic of angina pectoris, viz.; acute præcordial pain, pallor and prostration, recurring in paroxysms, with arrest of the hepatic secretion, all confirmed the true nature of the affection, and indicated a rational mode of treatment, though, for obvious reasons, it could be only palliative. A marked feature in this case was obstinate constipation. Death speedily closed the scene, by what Dr. Brown-Séquard has described as "a stoppage of the heart's action, caused by irritation of the inhibitory centre."

CASE 2.—Mr. B., aged sixty-three, a clergyman by profession. His attack, commencing seven years previous to the period of his decease at the age indicated, began with symptoms of disordered stomach and dyspepsia, always worse after the effort of preparing and preaching a sermon, with severe pain extending to the extremity of the sternum, and syncope, compelling him for the time to desist from all mental and muscular effort, accompanied by inexpressible suffering and loss of speech. His ill-health, which began in 1869, continued until 1872, when he was urged by his physician to abandon his pursuit. He then passed the summer at the Virginia Springs, Orkney and Rawley, whose waters are chalybeate and saline, and greatly esteemed for the relief of invalids with diseases of the digestive organs. During the winter he went to Philadelphia, and subsequently to Alabama, with a permanent residence in Alexandria, Va. His general health was entirely restored, and with it followed the relief almost entirely of his cardiac symptoms, so much so that he considered himself well, and again resumed his ministerial duties. He complained, however, of occasional paroxysms of pain about the heart, sleeplessness, and more or less depression of spirits. Rest, recreation, travel and mild treatment with anodynes, chloral, for its valuable hypnotic effects, always brought him relief. While a complete recovery or cure may not be claimed in this case, which ultimately proved fatal, with symptoms of cerebral congestion, loss of consciousness, and freedom from the torturing pain which had marked his attacks from angina pectoris, the inference is clear that this affection may be controlled and greatly relieved by judicious treatment, the life of the patient prolonged for years with comparative comfort, and death may supervene from other causes.

GRANULAR LIDS.

BY H. S. SCHELL, M.D.,
Of Philadelphia.

The annual report of Wills Eye Hospital, for the year 1877, shows that of the 4594 new cases of all kinds of ophthalmic accidents and affections treated during the year, no less than 223 were registered as granular conjunctivitis. The occurrence of so large a number of instances of any one disease must ask for it our especial attention. But when the severe and disastrous character of the malady in question is taken into consideration, the demand becomes peremptory. These cases do not all arise in the city of Philadelphia. Many of them, indeed, the greater number, come to us from a distance, either from the interior of this State, or from some of the adjoining ones, and sometimes even from the far west. There is no doubt that the affection is contagious in its nature, and though most often found in the crowded dwellings of the poor, it is by no means confined to them. It may be carried anywhere. It seems at times to originate *de novo*, in places where defective sanitary arrangements, crowded apartments and insufficient or unattractive food combine to produce a lowered grade of vitality among the inhabitants. The mining and manufacturing districts have an unfortunate pre-eminence in furnishing these conditions, but the agricultural classes are not entirely exempt from such influences, and furnish their quota of blind persons, in consequence.

Most, if not all, of the cases make their appearance at the hospital with the disease fully formed, or in the advanced stages, and show too frequently the evidences of neglect or ineffectual treatment. The symptoms of the disorder vary somewhat in degree and character, although a general notion of them is well conveyed by the name of the affection. Most frequently there is an inflammation of the conjunctiva of the eyelids, accompanied by granulations, which are seen to cover the inner surface of the lids when everted for examination. A noticeable peculiarity of these granulations is that they are pale in color, and somewhat translucent, resembling, to a certain extent, frog spawn. From these typical appearances, however, the granulations may vary, on one hand to fine papillary, almost velvety, elevations, on the other to a diffuse infiltration of the conjunctival tissue, nearly resembling cartilage. The granu-

lations, of whatever size or variety, are usually smallest and least frequent along the free tarsal border, and increase in size as they approach the posterior margin. Along the edge of the retro-tarsal fold they become most exuberant. The advent of the affection is sometimes marked by a catarrhal ophthalmia, which either obscures the real disease, or leaves it behind as a sequel. More often, however, attention is first attracted to the patient by complaints of photophobia, or of dimness of vision, which is seen to be the result of commencing corneal disease. In any case there is a discharge from the eye, varying according to the violence of the accompanying inflammation, from a scanty, pale and watery effusion, to a considerable flow of muco-purulent matter, which collects among the roots of the cilia, and glues the lids together in the mornings.

Sometimes complete recovery takes place, especially in children, but as a general rule, unless the malady is opposed by early and vigorous treatment, the conjunctiva finally becomes dry and hard; the papillary portion becomes replaced by cicatricial tissue disposed in an irregular network of hard lines. The mucous membrane loses its softness and pliancy, and becomes stiff and fibrous. The whole conjunctival sac shrinks, the edges of the lids contract, the eyelashes fall out or grow in erratic directions, some turning in and irritating the ball, constituting the affection called trichiasis. The lids may become permanently inverted or everted. The ducts of the meibomian glands shrivel up, and the accumulation of deranged secretion forms small cystic tumors, which often inflame and suppurate. Sometimes the lids become thick and gelatinous, the levator muscles can no longer move them easily, and a sort of mechanical ptosis supervenes, which remains even after the affection which caused it has passed away. The cornea, constantly rubbed by a rough and granular or a dry and hard tissue, instead of the normally smooth and supple mucous membrane, or continually scratched by the so-called wild hairs of trichiasis, becomes first irritable and then inflamed. This inflammation may proceed, on one hand, to the formation of ulcers, which perhaps penetrate the cornea and lead to entire loss of the eye, or at best to prolapse of the iris and the production of an adherent cicatrix with impairment of vision. Or, on the other hand, the cornea may become thickened, opaque, and covered with blood-

vessels, forming the condition known as pannus, which may eventually terminate in thinning of the cornea, giving way of its fibres, the formation of anterior staphyloma, with possibly final rupture of the weakened tissue, and more or less complete loss of sight.

We have said that there were 223 new cases of granular conjunctivitis reported, but among other new cases applying at the hospital for treatment during the last year there were also of blepharitis, 176; abscess of lids, 19; atheromatous cyst, 7; tarsal tumor, 84; trichiasis, 3; entropion, 16; ectropion, 18; vascular keratitis, 36; pannus, 8; maculae corneae, 78; adherent leucoma, 13; other leucomas 8, and corneal staphyloma 37. These additional cases sum up the respectable figure of 503, and a very large proportion of them are unquestionably the result of the malady under consideration.

Of course, if early, judicious and vigorous treatment be adopted in granular lids these distressing sequelae are generally avoided, and the patient regains his normal vision. Hence the importance of everting and carefully examining the inner surface of the lids in every case of inflammatory disease of the cornea or conjunctiva. If the granulations are well marked the mitigated stick of lunar caustic (one part nitrate of silver to two parts nitrate of potash) should be applied to them daily. The excess of the salt should always be washed off with water, or salt and water, before the lids are returned to their natural position. Any especially exuberant granulations may be snipped off with the scissors. If the granulations are fine or diffuent in character, a tén-grain solution of nitrate of silver may be a sufficiently strong application. And as a case improves and the excrescences still more diminish in size, weaker solutions may be substituted, even down to two grains of the salt to the fluid ounce of water. When nothing is left but a relaxed condition of the membrane, applications of a crystal of sulphate of copper, or the use of the glycerite of tannic acid, act more satisfactorily than anything else. The existence of pannus or other corneal complication is no contraindication to the vigorous treatment of the lids.

A cardinal point in the management of these cases is to prevent the disease from spreading, by causing the persons living in the same house with the patient to avoid transferring the contagious discharge to their own eyes.

The patient should have his separate towel and wash basin, and if the disease is at first confined to one eye only it may generally be kept out of the other by the use of obvious precautions.

1802 Chestnut street.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA,
NOV. 17TH, 1877.

SPECIALLY REPORTED BY FRANK WOODBURY, M.D.

Salicylate of Soda in Rheumatism.

GENTLEMEN: Before bringing in any new cases, I will briefly direct your attention to a patient you saw one week ago, in order to show you the effects of the treatment. Patrick I, Irish, 34 years of age, shoemaker. He had suffered from pain and successive involvement of the large joints, for about one month before we saw him, although only one week confined to his bed. His history you remember. When you saw him last, he had fever, associated with pain and swelling in the ankle joints, and in the right shoulder and back. His temperature on admission was $101\frac{1}{2}^{\circ}$ (F); urine clear, not albuminous. We observed a slight murmur at the apex, of beginning endocarditis; not an unusual complication, as you know; indeed, I doubt if a well marked case of rheumatism ever exists without it. I mention this point to show that this was, in every respect, a marked case of rheumatism. Salicylate of soda was given, a scruple every three hours. Under this treatment, the pain and temperature alike rapidly declined. With this great relief the appetite and general condition began to improve. The remedy agreed with the patient, but as he improved it was reduced to three times a day. There was subsequently a slight relapse, which was promptly overcome by increasing again the doses of the remedy.

This man is now perfectly well. This is only the 17th of the month; he first took his bed on the 3d; the attack, then, has ceased on the fourteenth day of the illness, only the last six days of which has he been taking the salicylate of soda.

You will be interested to know what has become of the cardiac difficulty, the incipient endocarditis. Upon auscultating our patient this morning, we find that the first sound is still defective, but without distinct murmur. If we compare this observation with our previous notes, we can only positively say that it now approaches less nearly to a distinct murmur. It is seen that the threatening endocarditis did not fully develop into a decided attack.

You know that this treatment of rheumatism by salicylic acid and its salts is comparatively a

new one. I will not say that I have entirely and fully accepted this new treatment. I claim for it, however, that where it acts, it does so with great rapidity. Summing up my present belief, I would say that where you have a case which is on salicylic acid, and does not do well in three or four days, abandon the treatment. It acts by lessening the pain and reducing the temperature, therefore, on the fever processes as well as on the rheumatic poison. It certainly gives marked relief from the articular pains, but I have noticed in some cases a decided depression following full doses.

I have endeavored to obtain a method of giving salicylic acid in solution, which would be pleasant and not disagree with the stomach. I now use an agreeable combination which, at the same time, holds it in solution. I will not stop to discuss the pharmaceutical questions in regard to the chemical considerations involved, but will merely state that the form that I have found to best answer this purpose is salicylate of soda, where we have the acid in a soluble form, agreeably administered in the following formula:—

R. Sodii salicylat,	gr. xx
Spiritus lavandulæ,	℥. xv
Glycerin,	f. 3j
Aquæ,	℥ss. M.

This prescription was given every three hours, in the present case, until the amelioration occurred. He may now discontinue its use entirely, and take six grains of quinia daily, with good food, being careful, for some time, to avoid exposure to cold and wet.

Double Hemiplegia, from Embolism, Distinguished from Tumor of Base of the Brain.

I have next to show you a case of considerable clinical interest. Charles B., an American, thirty-six years of age; machinist. He has only been in the hospital since the 28th of last month. It is a recent case. We have obtained a full history, with some difficulty, as his mental condition is none of the best. His family history is good. With the exception of diseases of childhood, he was always well until one year ago, when he had what he says was heart disease, due to hard work and over-exertion, but he had no rheumatism nor fever.

About a twelvemonth before admission he had two venereal ulcers, but no secondary symptoms; he did not receive medical treatment. Therefore, while we have underlying this case a history of syphilis, we have no evidence that these sores were of the infecting kind, as there were no constitutional symptoms. Up to his present trouble he complained only of palpitation of the heart. Now, this man has much hard manual work to do, but, notwithstanding this, he represents himself as being a strong, robust man.

Six weeks ago he had some flying pains in the right forearm, and a fortnight later, one week before entering the ward, while in his usual health, except that the right arm was

slightly lame, from the rheumatic attack, he suddenly fainted while at his work; he simply lost consciousness for four or five minutes; there were no apoplectic manifestations, no biting of tongue, no convulsions nor noisy breathing. His friends threw water in his face and he came to gradually.

You have heard what he said about the attack, and you will notice that he returned to his work. There was no paralysis, but his head felt wretchedly. He continued at his work, although not being well. Walking home, still feeling miserably, he said that he could not feel the ground under his feet; the pavement seemed to be jumping up and down. He had also singular disturbances of vision; objects looked double. There were no noises in his ears, nor deafness. He insists that all of these symptoms did not come on immediately after the accident, but with a few days intervening, and as gradually passed off. He had no muscular twitchings; his sleep was undisturbed.

To sum up our experience, we may say that the man gave a history, on entering the hospital, very much as I have stated it, but since then his memory and mental condition have greatly improved, and he confirms and particularizes the history. We will make some further observations.

Grasp of the right arm is poor. He moves his legs pretty well in bed, but on standing there is evident loss of power in them; in fact, there is general loss of power on the right side, but there is also less obvious impairment in the left leg. The case may then be summed up as one of hemiplegia of the right side, with some loss of power in the left leg. That is, as regards motion. Sensation we have carefully tested, and find it but little affected; if anything, there is a slight difference in favor of the left side. We have also tested with the battery, and find a slight impairment of contractility on the right side. We noticed, upon admission, some facial palsy, which has since passed away. To make the report complete, we may say that the urine has been examined and found to be normal. In the heart there is a harsh systolic mitral murmur.

I have now laid the case before you. What is the matter with the man, and what is the prognosis? The prognosis will depend upon the diagnosis. I will now attempt to make a statement of the condition of the brain. You have heard the nervous symptoms, and the results of testing sensibility. What is the difficulty with the patient?

There are two views which may be held, regarding this case. On the one hand we see that the man has syphilis, on the other that he has a marked heart difficulty. We may assume that this man has syphilitic brain disease, or that he has some difficulty in the brain which originated in the heart, and that would be cerebral embolism; a clot washed into the brain. These are the two views before us—first, syphilitic brain trouble, and second, cerebral disorder due to an embolus—which we propose to discuss.

Gentlemen, when syphilis invades the brain, it is generally in the form of tumor, more rarely in that of meningitis. It is not likely that either tumor or meningitis would suddenly appear in a strong, robust man, without previous notice; although we sometimes do meet cases where brain tumor exists for some time without any symptoms, and then suddenly breaks forth. It will generally be found, on careful investigation, that, even in such cases, there has been previous headache; the premonitory symptoms have simply been overlooked or forgotten. In this case there has not been any preceding pain in the head, except that he was subject to it about eight years ago, for a short period. As there have been no symptoms in the meantime, I will not lay great stress upon this statement; especially, since he has been under treatment in the meantime, it is not likely that such symptoms would be overlooked by his physician.

You may ask if a syphilitic brain affection must be either tumor or meningitis. I would say, in answer to this question, that we may have syphilitic apoplexy in young persons. But in such cases, we have the usual symptoms of apoplexy from rupture of vessels, which are absent here.

From this rapid review, I think we may exclude syphilitic disease of the brain. We now will consider the diagnosis of embolism. What is then in favor of this view? The disease of the heart would suggest this explanation. We have here a condition favoring this, also, in the nature of the attack, the man suddenly fainting and remaining unconscious for several minutes. During this period a part of the mitral valve vegetation may have been washed to the base of the brain, or, secondly, part of a clot may have been carried by the vessels to this situation. It is immaterial, for present purposes, that we should distinguish between these two; it is simply a matter of speculation. The result is the same in either case. Where is the plug deposited? Generally in the left middle cerebral artery and corpus striatum. This would explain the head symptoms; but how shall we account for the double paralysis. It is a peculiarity of embolism that part of the clot may have been washed to both sides of the brain; this is part of its clinical history. Or, at all events, the clot on one side may have deranged the circulation in motor centres on both. Another circumstance favoring cerebral embolism is that there was not much headache. I may also state that, upon examination of the eyes, no choking of the disc was discovered; this is a point for embolus and strongly against tumor.

We have, therefore, a very clear case to offer you, where a clot washed into the vessels of the brain produces plugging, and secondarily paralysis. One other condition might be discussed, which, however, will not affect either the prognosis or the treatment. I refer to cerebral thrombosis, a primary coagulation occurring in the brain vessels, independent of any heart influence. I will not stop to discuss it, as

it will not affect our theory of the production of the nervous symptoms and condition of the nerve centres. Now, what are the consequences? Given a case of plug washed into the brain, forming a clot, or a clot forming in the vessels of the base; what are the chances of recovery? The risks are: first, suppose the blood supply is entirely cut off from any other part of the body, the hand, for instance, the hand will become gangrenous. The same result will occur in a portion of the brain if the blood supply is stopped, unless the circulation be speedily reestablished. You will have local gangrene, acute brain softening. But does this always happen? No. Just as in the hand the collateral circulation may supply the part, so in the brain, the vessels may correct the defective nutrition, and the part resume its functions. Or, the clot may be absorbed and the circulation be freely resumed. Can we say positively what will happen, whether softening or absorption? This is a problem which cannot be solved in advance, in any given case. But you may have a prognosis with considerable certainty, nevertheless. When I find that the paralysis is slight, and rapidly yields, I conclude that a favorable prognosis may be given, as the nutrition of the affected area in the brain is not seriously or permanently disturbed.

Now, how are we to treat a case of cerebral embolism? one where a clot has been washed from the heart into the cerebral vessels? We must keep the patient in perfect quiet, in a recumbent posture. Food should be non-stimulating, but nourishing; it may consist largely of milk and eggs. In the way of medicine, it is customary to give large doses of alkalies, on the supposition that they favor the absorption of the clots; this treatment has even been recommended for heart clots. Although I may say that I am not fully convinced of the truth of this theory, I know that it will do patients no harm. Therefore we will adopt this plan, and the article chosen shall be the acetate of potassium, which is also a diuretic, and will deplete the blood. We must not forget to keep up nutrition, for which part of the brain is suffering. The question comes up, will cod-liver oil be beneficial? I think it would, and therefore, after a few days, no matter what is the effect derived from the local treatment by friction and electricity, I will place our patient upon the usual dose of cod-liver oil.

—A French reformer has laid before the Chamber at Versailles a project for increasing the number of marriages in that country. He demands that every Frenchman who, between 35 and 40, still persists in remaining unmarried, shall be deprived of his rights as an elector. This is revenge in prospective for the ladies. With such a law they would have the now jolly bachelor kingdom in chancery. Instead of "apologize or fight" they could say, "marry us, or be disfranchised." But we fear the world isn't advanced enough yet for such poetic justice.

EDITORIAL DEPARTMENT.

PERISCOPE.

Management of the Third Stage of Labor.

Dr. Jamieson, of Peterhead, gives, in the *British Medical Journal*, some hints on the management of the third stage. He stated that it was essential that the third stage should be rendered complete and thorough. There were many accidents which prevented this; or knowing we had accomplished it, without a manual examination of the interior of the womb, the placenta might be in detached cotyledons, and one might be missed; or the membranes might be so ragged and torn as to allow part to remain, without any suspicion of the fact. The uterus did not contract as a regular sphere, but first at the internal os; and thus it was easy to see how any portion of the secundines detached, or but slightly adherent to the main mass, might be intercepted. Portions of the membranes were frequently grasped while the placenta was being extruded. The longer the placenta remained in the uterus, the greater was the amount of blood issuing from the sinuses; as, until the placenta was removed, the uterus could not complete its contraction. The old doctrine of the whole uterus being denuded of mucous membrane must be given up, the only part left bare after parturition being that to which the placenta was attached; and this was the only part specially liable to septic influences. There was nothing very daring, then, in the mode of treatment he proposed, which was, in every case of labor, after the second stage was complete, the cord tied, and the child removed, to pass the hand up to the fundus of the uterus cautiously, pressing gently against the internal os if impeded by it, and sweeping entirely the interior of the organ, so that nothing could be left of an injurious character, and inducing natural action if the contractions are feeble or irregular, the other hand being at the same time placed externally on the fundus. If the placenta were found lying in the vagina, it was unnecessary to carry the hand into the uterus; but the hand in such a case should be carried up to the internal os, to make sure none of the membranes were imprisoned by it, and, if they were, the os was to be gently pressed and fingers closed on the membranes, so as to "slide" them free. When the placenta was found half within and half outside the os, the sooner release was effected the better, for the part inside, being detached from the uterine wall, was preventing the contraction of the uterus, and so allowing avoidable hemorrhage to go on. In such a case gentle pressure on the os readily permitted the entrance of the hand, which, reaching the

distal portion of the placenta, swept it away along with the rapidly-forming clots. The kind of placenta in this position was usually that consisting of straggling cotyledons. It was necessary to introduce the hand early, as the os internum began to contract very soon after the expulsion of the child, and imprisoned the secundines either wholly or partially. If the hand were introduced at once little blood was lost; and this was in striking contrast with cases in which the placenta had to be removed some time after the birth of the child. Again, in cases of early removal of the maternal face of the placenta the membranes contained scarcely any blood; while, on the other hand, after delay they invariably contained coagula of more or less size. The membranes were sometimes an obstruction to the investigating hand, which should be insinuated and turned in such a way as to avoid them. When the os internum was obstinately obstructive the fingers were to be rested against it, cone-shaped, till it yielded, which it did gradually; and then the hand was to be insinuated gently, the other hand grasping the fundus externally. After everything had been removed a tightly-rolled-up petticoat, made into the form of a cylinder, was to be placed against the dependent side of the abdomen, the woman being cautioned to keep close to it. The author alleged of his method: 1. That it preserved the life-blood of the woman; 2. That it obviated the chance of inversion; 3. That it defeated the possibility of those terrible occurrences which produced septicæmia, and too often ended in death. He allowed that pain was produced by his method, but maintained that this was but another pang of the second stage, which was soon over, except in those cases where it must have been had recourse to at a later stage, when the pain would have been increased tenfold and the difficulty much greater. The single pang gave an immunity from dangers dreaded by experienced practitioners more than any of the pains of childbed.

Treatment of Apoplexy with Heart Disease.

Some years ago Dr. Beneke pointed out the benefit to be derived in cardiac affections, especially those following on articular rheumatism, from the use of warm saline baths, impregnated with carbonic acid. His observations are fully borne out by the physicians at the baths of Nauheim, who find these baths beneficial, not only to the rheumatic affection, but also to the attendant heart disorder. Dr. Groedel (*Berliner Klinische Wochenschrift*, March 11th) has further found that these baths are useful in cases of (so-called) apoplexy accompanying heart disease. They soothe the

exalted action of the heart, while the paralytic symptoms and general health undergo marked improvement. A case in point is singled out from many others as having been continuously in observation. It is that of a lady, aged 49, who, when 18 years old, had a severe attack of articular rheumatism, which left insufficiency of the mitral valve. Five years ago she had a slight apoplectic seizure during the night, which passed off in a couple of hours; and since then such attacks recurred at intervals, until three years ago she had an unusually severe one, followed by complete hemiplegia of the left side, with long continued unconsciousness. In a few days these symptoms passed off again, with the exception of the hemiplegia. The case was, doubtless, one of cerebral embolism rather than of apoplexy. She was ordered to use the above saline baths at a temperature of 88° F. every other day, which was continued for seven weeks. Under this treatment, the heart's action, previously very irregular, became almost normal, and all oedema which existed before disappeared. This favorable state of things continued until the following winter, when palpitation, oedema, etc., returned, but were again relieved during the ensuing summer. There has been no further symptom of embolism.

Dr. Groedel concludes that, in cases of true apoplexy, especially those occurring in consequence of atheromatous arteries, the use of the warm saline baths is inadmissible, since they tend only to increase the blood-pressure on the weakened arterial walls. On the other hand, these baths can only be useful in cases of cerebral embolism, with consequent paralysis. For, by the increased action of the heart, the blood-current is hastened, and thus the formation of coagula and deposit is prevented, since this can only occur in a sluggish flow of blood. Moreover, when a part of the cerebral substance has its supply of blood cut off by an embolic clot, and so becomes atrophied, an increase of blood-pressure may yet restore it. Nutrition through a collateral circulation, and a removal of the loss of power, etc., result.

A Discussion on Hodgkin's Disease.

An interesting discussion on this obscure disease, took place at a late meeting of the Pathological Society of London. Dr. Wilks exhibited to the Society the original specimen of lymphadenoma on which Dr. Hodgkin wrote the first account of the condition as a distinct disease, and reminded the Society of the remarkable fact that this paper of Hodgkin's lay buried in the *Medico-Chirurgical Transactions* for more than twenty years. It was Dr. Wilks himself that "unearthed" Hodgkin's paper; and in exhibiting the original specimens at the Pathological Society, he pointed out how accurately Hodgkin had described the disease, and proximately appreciated its nature. Hodgkin not only recognized the glandular disease that bears his name as a real "disease," but described it as a "primitive," and not a second-

dary enlargement of the glands, non-inflammatory, non-malignant, but a general uniform enlargement. Hodgkin further appreciated the true nature of the growths in the spleen as a hypertrophy of normal structure, which at that time had not indeed been discovered in the human spleen. Bright, who followed Hodgkin, seems to have had less clear views upon the splenic change. It was not until 1853 that the first specimens of lymphadenoma were exhibited at the Pathological Society, and we need not be surprised to learn that they were for a time considered malignant. Dr. Wilks, after giving the history of the pathology of Hodgkin's disease, indicated several directions in which information might be furnished during the present discussion. The relation of lymphadenoma to malignant disease is obscure; and the condition of the blood, and the relation of lymphadenoma to leucocythæmia, require to be more clearly defined. Dr. Wilks pointed out what we believe is perfectly true—that a notion prevails, that there is marked increase of the white corpuscles of the blood in Hodgkin's disease; in other words, that Hodgkin's disease is often confounded with lymphatic leucocythæmia.

On Telegraphists' Cramp.

This affection is described by Dr. Onimus, in the *Gazette des Hôpitaux*.

It is chiefly observed in those engaged in the manipulation of Morse's machine, and seems to arise from the difficulty of coördinating the motions which are required alternately for the formation of the dots and the dashes. Much depends upon individual temperament and the condition of the nervous system, as the existence of more or less irritability seems quite as necessary for the production of this cramp as the frequent repetition of the same movements. Some employees who are naturally nervous and excitable have the cramp after only a short time of service, their general health suffering at the same time. The same circumstances operate in writers' cramp, this especially occurring when a great number of letters or despatches have to be executed in a given time, under a state of feverish activity. The direction of the movements also exerts an influence. An employee successively employed the thumb, the index, and the median finger, each of these manipulating during two or three months, but one after the other then being seized with the cramp. He then used his wrist, which after a while also refused service. As the expeditious despatches are manipulated by a movement of the entire hand as well as of the fingers from above downward, when these vertical movements had become difficult an employee contrived a means of acting on the lever in a horizontal direction, by means of a thread stretched from a point of support to the lever. For a while he was able to forward his despatches, but these new movements soon became embarrassed, and gave rise to the cramps.

The symptoms of the affection are more easily and more rapidly produced in women. The general symptoms consist principally in palpitations, vertigo, sleeplessness, perhaps impairment of vision (most of the older and laborious employees wearing spectacles), and a sense of constriction opposite the nape of the neck, seeming to hold the back part of the head in a vice. This sensation is not uncommon in men of business rendered ill or over excited in important transactions in commerce, and it is especially met with when attempts are made to force intellectual functions that are already fatigued. To a state of over-excitement succeeds one of depression and melancholy, and moral and physical atony. Memory becomes bad, and, according to some, insanity may, in the course of some years, supervene on this pathological condition. During the progress of this pathological state the transmission of despatches presents some curious peculiarities, dependent on reflex movements produced by habit and in an unconscious manner. The hand does not always obey the determinations of the will; a word badly read is often correctly transmitted. On the other hand, an employee whose mode of transmission is naturally slow is not always, when dozing, interrupted in transmitting to his correspondent the ideas accompanying his half-dreamy state, for he continues to act on the lever and expedite his despatches. In some cases there exists, too, a state of things quite the opposite of spasm and rigidity, for the hand proceeds more rapidly than the will, and performs a series of movements which are coördinated and decipherable, but too rapid. It is especially after the manipulation has lasted for some time that these phenomena may be produced. Normally, it is only after an hour of work that the manipulation attains its maximum of rapidity.

A Case of Pernicious Anæmia.

An instance of this obscure condition was reported recently, to the Pathological Society of London, by Dickinson. The patient, a gentleman of high rank, was under the care of Sir W. Gull. He was born in 1804; married at the age of twenty-two; became a widower at fifty-six, with no children; married a second time at the age of fifty-eight, had five children, and enjoyed good health until the beginning of 1872, when he began to suffer from bloodlessness and extreme debility, and died in July of the same year, at the age of sixty-eight. He had no cough or dyspnoea; the liver was not enlarged; intestinal evacuations were normal, but infrequent; the urine was normal; the temperature not increased. He seemed to suffer from progressive bloodlessness and loss of strength, which no treatment could improve, and he died from syncope. He was seen by many leading physicians, and many different opinions were expressed as to the nature of his case. Sir William Gull said that, in his view, the case was one of spontaneous bloodlessness,

and he did not think any obvious organic change would be found after death, except, may be, in the suprarenal capsules. Dr. Dickinson was requested to make the post-mortem examination, and he found an extremely marked pallor of the surface, a trace of œdema about the ankles, but no emaciation; in fact, there was a large amount of fat in the abdominal parietes and omentum. The lungs were slightly emphysematous; the heart flabby and relaxed, with slight fatty degeneration of its muscular substance, and a little fibroid thickening of the valves. The liver was not enlarged nor obviously diseased; a small cyst, with clear, aqueous contents, occurred in the left lobe, and four gall stones occupied the gall bladder. The stomach and intestines were natural. The spleen weighed about ten ounces, and was extremely diffuent, the pulp containing a number of cellular forms, but few red corpuscles and crystals of hæmatin. The suprarenal capsules weighed three drachms and one drachm respectively, but were free from morbid changes. The absorbent glands were small; the kidneys slightly roughened on the surface. The blood examined after death showed a general deficiency in corpuscular elements; it was very pale in color, and formed soft, pale coagula.

The Early Operation for Ruptured Perineum.

Mr. E. S. O'Grady, of the Mercer Hospital, Dublin, recommends early operations in cases of perineal rupture. An illustrative case of his treatment is given in a late number of the *British Medical Journal*:-

A woman, aged 25, had sustained an extensive laceration of the perineum, opening into the anus, at her confinement, three weeks previous to the operation. On admission, the wound was but slightly healed, the greater portion of its surface on both sides was granulating freely. The operation was planned so as to make broad strips of raw surface, corresponding to each other in breadth, on the opposite sides. Where there was mucous membrane, this was dissected back and saved; but the major portion of the field of operation was in a condition of granulation, and this was dealt with by transfixing these structures with a sharp knife and shaving off the face. The very moderate hemorrhage soon subsided, when four deep quill-sutures of strong silk, and four superficial stitches of carbolized catgut were inserted. The former were removed after eight days; with the latter it was not necessary to interfere at all. The entire wound healed soundly, and primary union occurred, except a very small hole at the posterior extremity; this granulated kindly, and soon closed in. At the time of the operation, the woman was pale, anæmic, and altogether in a condition of depreciated health, a circumstance which adds to the interest of the operation, performed as it was at so exceptionally an early period after the confinement.

THE

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D. G. BRINTON, M.D., EDITOR.

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The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

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THE OPPOSITION TO GENERAL VACCINATION.

From the first of July, 1876, to the close of April, 1878—twenty-one months—the deaths from small-pox, in the city of London, numbered 4118. In the month last mentioned the epidemic continued without much abatement, the deaths being nearly ten per day, and the admissions into the metropolitan hospitals, of small-pox cases, about thirty per day.

These are unpleasant statistics, and have been differently interpreted by different writers. The leading medical journals condemn the sanitary authorities as apathetic and indifferent, not insisting on general and thorough vaccination, and early segregation of cases. The anti-vaccine leagues, on the other hand, assuming that the law of obligatory vaccination has been carried out, point triumphantly to this mortality and wide-spread sickness as proof that vaccination is powerless to stay the advance of the epidemic. This party, though small in numbers, is loud-voiced, and has, moreover, a perverse taste for martyrdom. One prominent member of it has been imprisoned seven times, for refusing to have his children vaccinated.

The same spirit of opposition to obligatory vaccination is prevalent in Germany and Switzerland. In a recent copy of the "*Bund*," a paper published at Berne, is a long petition against the statute requiring general vaccination. This protest is written in a popular style, by Dr. F. GERMANN, "Professor of Medicine in the University of Leipzig," and is well calculated to "fire the popular heart," as the saying goes, on the subject.

The accusations the Professor brings against vaccination are, that it is but a slight and occasional protection; that it leads to anæmia and scrofulosis; and especially that it introduces syphilis into the system. On this he makes his strongest point, quoting the instance of a number of healthy, blooming school girls "rendered through and through syphilitic" by impure virus. Then he charges it with increasing consumption, and the like.

These are not new accusations; on the contrary, they have been advanced, and examined over and over again. They are not without foundation, but in articles like the one we refer to, they are greatly exaggerated, and set forth in a false light.

Many of them can be avoided by using lymph obtained direct from heifers. This, Dr. GERMANN does not exactly deny, but he justly says that when the lymph so obtained is the product of vaccination of the cow with humanized lymph, we have no certainty that the diseased germs may not be transmitted through the blood of the lower animals. The only genuine vaccine lymph is that which is propagated by inoculation from idiopathic cases of vaccinia.

Recent statistics gathered by Dr. F. R. STURGIS, of New York, seem to show that about five per cent. of the population of our great cities is infected with some form of syphilitic disease, acquired or congenital. This means that probably one in twenty persons vaccinated produces a crust or lymph capable, under certain conditions, of conveying the syphilitic poison. Certainly, such a consideration must "give us pause." In view of it, the wonder is that so few instances of vaccinal syphilis are reported.

NOTES AND COMMENTS.

Treatment of Umbilical Hernia in Infants, by Adhesive Plaster.

The treatment of umbilical hernia in young children is rendered, in many cases, unsatisfactory and futile, because of the difficulty in retaining a compress over the umbilicus. The reason of this is in great part due to the continued mobility of the abdomen, either from crying, coughing, or other motions of the body, and any of the varieties of truss or bandage often illy serve their purpose. To remedy these difficulties, a device has been recommended, which, although quite simple, has proved exceedingly effective. It consists in binding a compress over the umbilicus by means of a strip of adhesive plaster; this method prevents the chafing, which is an unfortunate result in nearly all hernial devices for infants. A

compress, of requisite size, and composed of a pledget of lint, is placed over the reduced hernia, and then a strip of adhesive plaster, two inches wide, and of a length corresponding to two-thirds of the circumference of the body, is applied over it. After being once applied, the mother of the child will be able to renew it as often as it becomes necessary.

On So-called Homicidal Mania.

Dr. Blanche, of Paris, in a late paper before the Academy, laid down the following propositions:—

1. No form of insanity exists to which the name of "homicidal mania" ought to be attributed.
2. Homicide may be committed by the subjects of various mental affections, on the condition that they are liable to the crises of excitement termed "congestive," of sufficient intensity.
3. These crises, of variable intensity and duration, are exhibited by signs which should always excite distrust; and even when they pass away without having led to murder or serious violence, the medical attendant must still be on his guard.
4. Alcoholism and epilepsy are the conditions in which mental perversion is most usually accompanied by the most marked crises of this kind. It is under their influence homicides are oftenest perpetrated. The *délire des persécutions* and suicidal monomania also present pretty frequent examples.
5. Patients attacked by cerebral affections, whether congenital or acquired, characterized at first by physical symptoms, and later by more or less vague disturbances of the disposition and intellect, may become the subjects of these crises of excitement, and commit under its temporary influence murders or acts of violence, in disaccord with their pathological condition during the long intervals which separate the crises."

Injurious Effects of Narcotics in Insanity.

A leading authority, Dr. James Maclaren, says, on this subject—

"It has struck me very forcibly that in attacks of acute mania the recovery has been more rapid and the intellect much clearer and brighter where narcotic medicines have been avoided. They undoubtedly may produce temporary quiet, but the condition in many cases seems rather one of stupefaction than anything else. The dull, hazy, muddled condition in which large doses of chloral and other similar

drugs leave a patient is certainly often not a very hopeful state as regards the ultimate recovery of nervous tone; in fact, it has often seemed to me that the combined effect of acute excitement and large doses of narcotic medicines has been something bearing a strong resemblance to a complete wreck.

Sclerotic Acid in Fibroids of the Uterus.

At a late meeting of the London Obstetrical Society, Dr. John Williams related two cases of uterine fibroid treated by sclerotic acid. This acid readily dissolves in water, and in so far differs from ergotin. A woman, aged 34, had suffered from severe flooding for some time. A fibroid tumor was detected, and half-grain doses of this acid were injected under the skin of the abdomen twice a week. The flooding was much reduced, when the woman went into the country; and then it returned. When she came back to town and the acid was again injected, the flooding was checked as before. The tumor was reduced in size. Like results were attained in a similar case, including a decrease in the size of the tumor. The injection caused some little pain at the time, but that was all. It was followed in about half an hour by uterine pains.

The Prognosis of Puerperal Insanity.

In an article on this disease, by Dr. Ripping, in the *Irrenfreund*, he says: Prognosis is more favorable in puerperal cases than in all cases of insanity in women taken together; but the author's figures do not show so high a proportion of recoveries as has usually been given. He attributes this to a more strict distinction between cases discharged recovered and those only improved, than used to be the case. Of the patients suffering from mania, 62 per cent., and 33.6 per cent. of those with melancholia, recovered. The combined forms afford the least favorable prognosis; of the cases described under the second group, not one recovered. Heredity does not appear to exercise any special influence on the prognosis. Figures show that the earlier the patients are brought under treatment, the greater is the percentage of recoveries. Subsequent attacks of insanity are always more favorable as regards prognosis than primary ones. The average duration of the attacks in the patients who recovered was—for melancholia ten months, and for mania seven months.

Development of the Cranium in Doctors.

In a paper by MM. Ollivet and Lacassagne, read at the Société de Médecine Publique, they state the results of some measurements which they have made at the Val-de-Grâce, by aid of the *conformateur*. They were made on the heads of 190 military doctors, 133 soldiers able to read and write, 90 soldiers unable to do so, and 91 prisoners. The following are the means of the figures in centimetres:—

	Doctors.	Littered Soldiers.	Illiterate Soldiers.	Prisoners.
Longitudinal diameter	85.29	81.97	79.13	81.10
Anterior	48.91	48.65	42.85	41.12
Posterior	52.58	49.66	50.27	49.90

The differences in favor of the doctors over the illiterate were 4.50 in the longitudinal diameter, 6.37 in the anterior, and 2.82 in the posterior. The development of the frontal region was 6.37 more considerable in the doctors than in the illiterate. The asymmetry of the two halves of the cranium, which was constant, differed. In the literates the left part of the frontal region was most developed, while in the illiterates it was the right part of the occipital that was so. The occipital region was always most relatively developed in the ignorant.

The Use of Thymol in Surgery.

A lecture on this subject has been published in Volkmann's series, by H. Ranke, of Halle. The solution used instead of the 3 per cent. solution of carbolic acid, consists of one part thymol, ten parts of alcohol, twenty of glycerine, and a thousand of water, and can be employed as either a spray or a solution. An impregnated gauze is also used. Since thymol does not irritate the wounds, the gauze may be laid directly upon it; otherwise the same method is employed as in Lister's plan. If the gauze becomes hard and dry, it may be moistened once or twice a day with thymol water. In order to prevent the evaporation of the thymol from the dressing, the gauze is covered with oiled paper. From an experience of forty-one wounds dressed with thymol, the lecturer concluded that the method leaves nothing to be desired as to its antiseptic effect, and that it answers better than the carbolic acid dressing, since the secretion from the wounds is less, the period of healing shorter, and the cost of the dressings is smaller. Further, it has no poisonous properties, and eczema was never observed in its use.

CORRESPONDENCE.

A Case of Puerperal Peritonitis.

ED. MED. AND SURG. REPORTER:—

Pertinent to the interesting article of Dr. Hamilton, of June 1st, it may not be amiss to briefly report a case of puerperal peritonitis, now fairly convalescent, the first one treated by me in a practice of twenty-two years, and, if memory serves me, the only case of which I have cognizance. It is well to premise that from March measles have been epidemic, and since April erysipelas of severe type has occasionally manifested itself; that through the winter more than the ordinary number of cases of tonsillitis have presented themselves; that dysentery, of which we have some from early in May to the middle of June, annually, has been more frequent, and of a more intractable type, than usual; and that, for the first time in seven years, I have seen three cases of enterocolitis.

Here, though not germane to the matter in hand, I wish, as I do not in these latter days often "take my pen in hand," to refer to the treatment of tonsillitis as advised by Dr. Fritzinger, of Pennsylvania, in the REPORTER of November 7th, 1874, and give it my unqualified endorsement, considering it as nearly a specific as quinine in malarial disease, when taken in its early stage. It has been practically tested by me in scores of cases since then, without one solitary failure; not one case has advanced to suppuration. One very sad prior experience in this disease leads me to express the wish that every physician who reads this article may, at first opportunity, give it a careful and faithful trial. The conservation of a long and large experience will free me from the supposition of hobby riding, and the intelligent apprehension of duty from physician to patient must lead every honest practitioner to the test of whatever promises good, in the hope of ameliorating suffering.

June 6th, ultimo, I discharged a case of erysipelas, of mild type, as convalescent. June 11th, at 9 P.M., saw Mrs. W., aged 23, in premature second labor at seven months' term. At 10.30 she was delivered of twin girls, living, weighing one-and-three-quarters pounds; at once, on the birth of the latter, came a most profuse discharge of liquor amnii. In fifteen minutes the placenta was readily removed. Nothing more than ordinary hemorrhage followed. Womb contracted readily; all clots were carefully removed. Head had been brought to a level immediately on birth of children, and a small dose of fluid extract ergot given. In a little less than an hour after pains of unusual severity came on. A small clot was at once taken away. The pains for the next forty-eight hours were barely kept in abeyance by the free use of morphine and quinine, which of themselves did not avail till ergot was added in full doses. During all this time lochial discharge

was natural in quality and quantity. Bowels, having been freely opened prior to confinement, were kept quiet. On the morning of the 14th there was restlessness, with heat of skin; pulse 96, with marked tenderness on left side of abdomen. Quinine and opiates were freely used during the day. At 5 P.M. great increase of tenderness, decided enlargement, anxious, haggard face, dorsal decubitus, pulse 118; skin moist, with a hot, clammy sweat, and offensive lochial discharge. To control circulation, combat inflammation and stay waste, other means were needed. At once six drops of fluid extract verat. virid., with tablespoonful of syrup of lacto-phosphate of lime, were given, and one-half a grain of morphia sulph., administered hypodermically, with orders to repeat three-drop doses of the veratrum and tablespoonful doses of the syrup every three hours, and one-quarter-grain doses of morphia at such intervals as were necessary to secure absolute rest, and use every six hours lavements of one ounce of bromo-chloralum to a pint of tepid water. At 7 A.M., 15th, pulse 104. Still great tenderness and increased abdominal enlargement; continue treatment; iced sweet milk ordered every two hours. At 7 P.M., pulse 96. 7 A.M., 16th, pulse 84; 7 P.M., pulse 60; skin cool; pleasantly moist; anxious expression gone; abdominal tenderness less; slight decrease in size; verat. at this stage reduced to two drops; syrup continued; tongue moist; very red on edges and sharp tip; slight brown and closely adherent coating; opiates as required; lochia more free and less fetid; lavement continued; improvement continuous during 16th. At midnight hemorrhoidal irritation, with great pain; seemed so imperatively to demand a movement from the bowels, that an enema of warm water and lard was given. Bowels freely moved three times. At 9 A.M., 17th, pulse 96; tongue dry; breasts enormously enlarged, hot, hard and tender; abdomen increased again in size, with great tenderness, with marked uterine contractions and pain. Previous treatment, with three-drop doses of verat., was ordered, with addition of twenty drops of fld. ext. phytolacca every three hours, to control mastitis, and thirty minims of fluid extract ergot at once, to coordinate uterine action. This repeated in two hours, permanently quieted the organ. Breasts were promptly emptied by infants and others. At 7 P.M., 18th, symptoms all better; pulse 72; tongue moist; abdominal tenderness less; lochia freer and less fetid; swelling decreasing; omit phytolacca. From this time it was no longer necessary to use catheter. Treatment continued at prolonged interval of dose till 24th, at which time, there being some irritation at the neck of the bladder, ounce doses of saturated solution of chlorate of potassa were ordered every six hours. Tongue had cleaned, fiery red, but moist, and from this time gradually paled down. 25th, P.M. Bowels, now having been kept quiet eight days, were moved by enema; tenderness of abdomen almost, and swelling entirely, gone

at this time. On the 26th she was able for the first time to lie for a little while upon the side. On the 27th, milk diet having been absolute for twelve days, she was allowed soup; all treatment discontinued, but tablespoonful doses of syrup lacto-phosphate of lime three times daily. From this time improvement was decided, and she was discharged on the 30th as convalescent, and is at this date dressed and moving about her room, with daily increasing strength. One child lived 48, the other 96 hours.

I have entered thus into minute detail, for the benefit of my younger professional brethren, for no pen picture can magnify the fearful and alarming gravity of such a case, with its immediate and imperative therapeutical demands. Here, in a high-strung young woman, of nervous temperament, the aim was conservation of the vital forces. How, by God's blessing, the problem was solved, I have endeavored to show. Perchance, some day, with this guide added to the experience of others, some professional brother many hundred miles away may share in the joy I now experience with the dear ones of her household. Out of abundance of caution, I have declined and set aside all obstetrical engagements for one month.

Gainesville, Ala. EDWARD H. SNOLL, M.D.

Nitrite of Amyl and Chloroform as an Anæsthetic.

ED. MED. AND SURG. REPORTER:—

In my practice of over twenty-four years I have, until recently, used chloroform as an anæsthetic in all surgical cases, and convulsions of children. The past six months, with the object of lessening the dangers of asphyxia by this powerful anæsthetic, I added to the ounce of chloroform sixteen drops of nitrite of amyl. The result thus far is apparently most satisfactory. Nevertheless, further careful tests are needed to fully confirm my views of this combination as a safe anæsthetic. I therefore ask surgeons to give this a fair trial, and report their experiences in regard to its action on the heart, respiration and circulation, and compare it carefully with the symptoms produced when chloroform alone is used. I shall still continue the use of this compound anæsthetic, but may vary the proportions of the nitrite of amyl in particular cases. L. B. BALLIET, M.D.

Unionville, Lehigh Co., Pa., July 11th, 1878.

Infantile Umbilical Hernia.

ED. MED. AND SURG. REPORTER:—

On the 25th of April last I attended Mrs. J., in her ninth confinement. After eight hours' ordinary labor, gave birth to a fine male child; I placed a ligature around the cord and separated the infant from its mother. The infant had a large tumor at the umbilicus, which proved to be, on examination, a case of congenital umbilical hernia, of large size. I directed the nurse to attend the infant as ordinarily, save further directions in regard to adjusting

the abdominal bandage on the hernial tumor; In ten days the cord and membranes became detached from the tumor. I at once proceeded, with the assistance of my friend, Dr. H., after anæsthesia of the child with chloroform, to place the intestines and sac within the abdominal cavity through the orifice at the umbilicus, which was two inches in diameter. Closed the opening by using four sutures, to retain the intestines and sac within the cavity. On the next morning I visited my little patient, and found all the sutures torn out, and my work had to be done over. I then used adhesive strips instead of sutures, which did well.

Had I used adhesive strips in conjunction with the sutures, I would not have had any further trouble. Yours, etc.,

H. W. KENNEDY, M. D.

Orangeburg, S. C., June 18th, 1878.

NEWS AND MISCELLANY.

Cremation Society.

About one hundred ladies and gentlemen assembled at Indianapolis, for the purpose of forming an association to encourage and foster the practice of cremation. Dr. B. W. Fletcher said the meeting was called in accordance with a petition handed him from over one hundred persons, asking that he take steps for a permanent organization. On motion, Mr. Eggart was made Chairman of the meeting, and Daniel Paine Secretary. Dr. J. L. Thompson read an interesting paper on Cremation, in which he expanded on its advantages, gave a description of its practical workings, and strongly recommended the formation of a permanent organization. A Committee of five was appointed to draft a constitution and by-laws.

Gymnastics in Schools.

The study and practice of gymnastics are to be made compulsory in all the State schools in Italy. The apostle of physical culture in that enervating climate is Sebastian Fenzi, the son of a Florence banker. He built a gymnasium at his own expense in that city, and from that beginning the movement has extended from city to city. He has preached gymnastics to Senators and deputies, to the syndic and municipal councillors, and even to the Crown Princess, now Queen. He especially inculcates its advantages on all mothers of families, as likely to increase to a remarkable extent the personal charms of their daughters.

Items.

—The sailors of the Mediterranean have a curious antidote for sea-sickness: Iron rust in water, drunk freely, while at the same time a small pouch, containing roasted salt and flowers of thyme, is tied upon the region of the navel as firmly as can be borne, to lessen and gradu-

ally subdue the anti-peristaltic motions of the stomach caused by the rolling of the vessel. This latter preparation was known to the ancient Greeks.

—Since 1865 the number of female students entered for the courses at the Faculty of Medicine in Paris has been 32. Of this number 9 have graduated, viz: Mmes. Garrett (1870), Putnam (1871), Bres (1875), Ribars (1876), Barker, Bovell, Ocamkoff, Gortschakoff, and Dahms (1877). The number at present studying in Paris is 23, of whom 6 are English, 12 Russian, and 5 French.

—The *Boston Advertiser* says: Under the law substituting medical examiners for coroners, which has been in operation for a year, 178 deaths were investigated, and only 27 inquests held. The average expense of the inquests was \$6.60, and it is estimated that the saving to the county was fully one-third over the old way.

—A lady who desires no notoriety has given \$20,000 to the Commissioners of Charities, in New York city, for the purpose of erecting a surgical pavilion on the grounds of Bellevue Hospital, where respectable patients may receive care separate from those who cannot be regarded as respectable. The building will contain rooms for thirty patients.

—A death recently occurred in New York, from the explosion of a package of Boynton's Liquid Stove Polish, while the latter was in use near the fire. The polish contains naphtha, with black lead, and is a highly dangerous compound.

—A placard in the window of a patent medicine man in Paris reads as follows:—"The public are requested not to mistake this shop for that of another quack just opposite."

—"Doctor, doctor," panted a messenger, "Come down the street, quick; there's a man in a fit." "In an apoplectic?" questioned the doctor. "No, sir; he's in an ulster," answered the messenger.—*Boston Commercial Bulletin*.

Personal.

—Dr. Joseph Bloomfield Jackson, aged about seventy-five years, died suddenly, last week, at his home in Newark, N. J. He was a lifelong resident of Newark, and during the civil war took a very active part in perfecting the Medical Department of the old United States Ward Hospital.

—Dr. James C. Ayer, the celebrated patent medicine proprietor, died at a private asylum, July 4th, of softening of the brain, aged about sixty years. His estate is probably worth from \$15,000,000 to \$20,000,000.

—Stephen Goodell, an inmate of the poor-house in York, Me., is 116 years old. His health, says the *Boston Post*, is a Goodell better than it was thirty-six years ago, when he became a pauper.

QUERIES AND REPLIES.

A. B., of Ka.—The anti-fat nostrum you refer to is said to be a strong alkaline mixture, with liquor potassae as its efficient ingredient.

C. S. S.—Ingluvin is said to be an efficient digestive. Your view, that the function of the gizzard is a purely mechanical one of trituration, is not shared by those who prepare Ingluvin.

MARRIAGES.

GOUTNER—KEEPER.—In York, Pa., July 3d, 1878, by Rev. S. Aurand, Dr. A. M. Goutner and Miss Sallie J. Keeper.

JACOBUS—DELANO.—In New York, on the 27th ult., at the Fourth Avenue Presbyterian Church, by the Rev. Howard Crosby, Arthur M. Jacobus, M.D., and Mary L., daughter of Mrs. Mary E. and the late Geo. W. Delano.

MCCHESNEY—PEELOR.—May 29th, 1878, at the residence of the bride's father, by Rev. Lycurgus Mecklin, W. A. McChesney, M.D., of Shelocta, and Miss Carrie C. Peelor, of Armstrong Tp., all of Indiana county, Pa.

PATRICK—ROSS.—On the 28th of May, at the residence of James Ross, M.D., by Rev. J. S. Elder, J. B. Patrick, Esq., and Miss Lizzie Ross, both of Clarion, Pa.

PLANK—ROBERTS.—June 5th, at the residence of the bride's father, Mr. E. Roberts, in Ebensburg, Pa., by Rev. E. W. Brown, E. H. Plank, M.D., and Miss R. Ella Roberts.

REA—CONOLY.—On June 20th, by Rev. J. H. Johns, Dr. Samuel I. Rea, of Oxford, Pa., and Grace Anna Conolly, of Lumbardville, Md.

SIMONTON—DRAKE.—At the residence of the bride's father, Dr. J. L. Drake, Lebanon, O., Wednesday, June 26th, 1878, by Rev. L. G. Leonard, D.D., of Bucyrus, O., I. Simonton and Alice S. Drake.

TOMLINSON—HUNT.—In Philadelphia, by Friends' ceremony, on Sixth-month 12th, William H. Tomlinson, M.D., of Avondale, Chester county, Pa., and Naomi P., daughter of the late John Hunt, of Ranococas, N. J.

VICTOR—MCAHEY.—In New York, on the 11th ultimo, by the Rev. O. R. Frothingham, Agnes C. McCahey, M.D., of Philadelphia, and Edward W. Victor, M.D., of Brooklyn.

DEATHS.

GILFILLAN.—In Brooklyn, on Tuesday, 2d instant, Caroline M., wife of William Gilfillan, M.D.

HOSTETTER.—May 25th, near Florence, Italy, Dr. Harry H. Hostetter, son of Dr. David Hostetter, of Pittsburg, Pa., and grandson of the late Randal H. Rickey.

HOUSTON.—In Pittsburg, Pa., on the morning of the 19th instant, Dr. John Houston, in the forty-eighth year of his age.

JACKSON.—At Newark, N. J., June 22d, Joseph B. Jackson, M.D.

LANGDON.—At 5 P.M., June 15th, of paralysis of the brain, Dr. O. M. Langdon, late Superintendent of Longview Asylum, in the sixty-second year of his age.

MONAHAN.—Jackson, C. H. O., Wednesday night, June 19th, at 12 o'clock, Dr. A. B. Monahan, Representative in the Ohio Legislature.

RIGDON.—At Atlanta, Ga., Thursday, June 27th, Mrs. Lydia M. Rigdon, daughter of Dr. J. R. Speer, of this city.

SHEAKER.—In Dillsburg, Pa., June 4th, George L. Shearer, M.D., in the seventy-eighth year of his age.

STEWARTSON.—In Philadelphia, on Sunday evening, June 30th, Thomas Stewartson, M.D., in the seventy-first year of his age.